



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

DR JON F MANJARRIS MD  
500 N FLOURNOY RD  
ALICE TX 78332

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

PETROLEUM CASUALTY CO

#### **Carrier's Austin Representative Box**

Box Number 01

#### **MFDR Tracking Number**

M4-11-3817-01

#### **MFDR Date Received**

JULY 1, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Attempted several times for Reconsideration for payment no respond. Authorization on file. No respond: Auth # 79552168."

**Amount in Dispute:** \$2,897.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "On 11-9-2010 and w/ in the 45days required by TDI-DWC, the insurance carrier sent a request for supporting documentation to the HCP I the form of a DWC-62 (Explanation of Review). The HCP sent a bill for CPT 29881 (which was paid in full by the Insurance Carrier), and CPT code 29879-59 which was not supported by the attached documentation. HCP appealed on 4-4-2011, but provided no additional documentation to support the CPT 29879-59, and on 4-19-2011 the Insurance carrier sent a 2<sup>nd</sup> request for documentation to clarify the charge for CPT 2987-59 stating: 'When billing 29879, the documentation must support that the debridement was performed down to 'bleeding bone' per CPT description. The attached documentation supports only 29877.' Since the CPT description of code 29879 was not supported by the documentation sent we feel the denial was correct and justified."

**Response Submitted by:** Park & Associates, 7600 Chevy Chase Dr., Ste. 350, Austin, TX 78752

### **SUMMARY OF FINDINGS**

| Dates of Service                                | Disputed Services                                  | Amount In Dispute | Amount Due |
|---|--|-------------------|------------|
| January 4, 2007<br>June 3, 2010<br>June 3, 2010 | CPT Code 99212<br>CPT Code 99213<br>CPT Code 76564 | \$352.48          | \$0.00     |
| October 20, 2010                                | CPT Code 29879-59                                  | \$2,609.00        | \$1,152.28 |

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 22, 2011

- 193 – Original payment decision maintained.
- B12 – Services not documented.

## **Issues**

1. Did the requestor timely submit the dates of service in dispute to the Division?
2. Was the service provided to the injured employee documented?
3. Is the requestor entitled to reimbursement?

## **Findings**

1. Per 28 Texas Administrative Code §133.307(c)(1)(A) dates of service January 4, 2007 and June 3, 2010 did not involve issues of compensability, extent of injury or medical necessity; therefore, these dates of service were not submitted within one year after the date of service in dispute. These dates cannot be reviewed by Medical Fee Dispute Resolution.
2. In accordance with 28 Texas Administrative Code §134.203(b)(1) for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits. According to the AMA CPT Code description for CPT Code 29879-59 is defined as "Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture."
3. Review of the submitted operative report supports that the services were rendered as billed and reimbursement is due.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$1,152.28 ( $68.19 \div 36.8729 \times 638.08$ ).

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,152.28 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 6, 2012

\_\_\_\_\_  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**